

BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE
YOU MUST
COMPLETE THE
FOLLOWING**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

METHOD OF EVALUATING DRUG SENSITIVITY BY ANALYZING THE MU-OPIOID RECEPTOR GENEFill in Appropriate
Information -
For Use Without
Specification
Attached:

the specification of which is attached hereto. If not attached hereto,

the specification was filed on _____ as
United States Application Number _____;
and amended on _____ (if applicable) and/or
the specification was filed on 30 March, 2005 as PCT
International Application Number PCT/JP2005/006701;
amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

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(if any)

<u> </u> (Application Number)	<u> </u> (Filing Date)
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Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Mailing
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Kazutaka IKEDA		INVENTOR'S SIGNATURE <i>Kazutaka Ikeda</i>	DATE* September 22, 2006
Residence (City, State & Country) Suginami-ku, Tokyo, Japan		CITIZENSHIP Japan	
MAILING ADDRESS (Complete Street Address including City, State & Country) 1-15-9-402, Miyamae, Suginami-ku, Tokyo, 168-0081, Japan			
GIVEN NAME/FAMILY NAME Soichiro IDE		INVENTOR'S SIGNATURE	DATE*
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or Sole Inventor:
Insert Name of
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Insert Citizenship →

Insert Mailing
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed →

Insert Residence
Insert Citizenship →

Insert Mailing
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
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Full Name of Sixth
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